

# Applecross Nursing Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
15 April 2026

**Service provided by:**  
Applecross Nursing Home Limited

**Service provider number:**  
SP2003002367

**Service no:**  
CS2003010474

## About the service

Applecross Nursing Home is registered to provide a care home service to a maximum of 82 people. This is comprised of 60 places for young physically disabled adults and 22 places for older people. The provider is Applecross Nursing Home Limited, a family-owned company with Applecross Nursing Home as their sole service. The care home is situated in Hurllet in Glasgow and sits in private grounds accessed via a private lane off a main road. It has extensive grounds with an accessible garden for people to use.

The home supports people who live with a wide range of support needs, examples include; physical disability, mental health, learning disability, dementia, and older people. The older people's service is based in an historic house. All bedrooms are single and some have ensuite facilities. The young physically disabled unit is purpose built over three floors. All bedrooms are single with ensuite facilities with showers.

There are a range of communal lounges and dining rooms. The care home includes a cinema room, therapy room and hairdressers.

At the time of this inspection, there were 79 people using the service.

## About the inspection

This was an unannounced inspection which took place on 8 - 15 April 2026 between 08:30 and 22:00. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered throughout the inspection year.

To inform our evaluations we:

- Spoke/spent time with 11 people using the service and 12 of their friends and family
- Spoke with 15 staff and the management team
- Observed practice and daily life
- Reviewed documents
- Spoke with five visiting professionals

**Key messages**

- Residents and their families were very satisfied with the care and support provided
- People felt respected, listened to, and involved in decisions about their care
- Care and support were tailored to individuals' wishes and preferences
- A wide range of activities was available, encouraging participation and engagement
- Robust quality assurance processes ensured management had a clear understanding of strengths and areas needing improvement
- There was a strong cohesive staff team that worked well together
- Personal care plans were detailed and guided staff in delivering individualized support
- Improvement was needed to ensure the follow up of 'as required' medication was accurately recorded

**From this inspection we evaluated this service as:**

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	5 - Very Good
How good is our leadership?	5 - Very Good
How well is our care and support planned?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

5 - Very Good

We found significant strengths in aspects of the care provided at Applecross and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Staff consistently treated residents with compassion, dignity, and respect. We observed warm, trusting relationships between staff and residents, which contributed to positive outcomes and a supportive atmosphere throughout the home. One relative told us "my mother has come to life again since coming to stay here. She has changed so much from someone who was disinterested and stayed very much in her own room to someone who is actively engaged in activities, making friendships and thoroughly enjoying life again."

The home demonstrated its ability to support individuals with a diverse range of needs, ensuring that care provision was inclusive and responsive. Comprehensive health assessments were in place to inform care planning and support the delivery of appropriate interventions. Associated risk assessments were regularly reviewed, ensuring they remained up to date and effective in managing potential risks to individuals. This ongoing review process contributed to maintaining a safe and supportive environment.

Observations of staff practice confirmed that safe moving and assisting techniques were consistently applied, reflecting adherence to best practice and helping to protect both residents and staff from harm.

There was a strong culture of collaboration with visiting professionals, who spoke highly of communication and partnership working with staff. This ensured that people's health and wellbeing needs were recognised and responded to effectively. One professional we spoke with said "the staff and management have always dealt with my clients with dignity and respect. The efforts that the manager and the staff team went to support my client, [with highly complex needs] within the care home were amazing. This made the trauma and upset for this client and the family more manageable knowing they had the support and professionalism of the staff to rely on."

Nutritional and hydration needs were well met. Drinks and snacks were readily available, and meals were freshly prepared, appetising, and well-presented, supporting good dietary intake. People who required assistance with eating were supported in a sensitive and unhurried manner, ensuring their dignity and comfort were maintained throughout mealtimes. However, staff interactions were at times, more task-focused, and there was scope to enhance meaningful engagement with people by adopting a more person-centred approach during mealtimes.

To ensure residents have an informed choice with regards to their meals, pictorial prompts or show and tell plates could be used so that people with cognitive issues are supported to make personal choices. The show and tell plates also provide sensory stimulus for people with poor appetites, which means they are more likely to eat more.

The home benefits from strong links with a wide range of healthcare services, including GPs, community nursing teams, physiotherapists, mental health services, speech and language therapists, pharmacies, and opticians. Professional advice was acted upon promptly and clearly documented, ensuring timely and effective interventions.

Medication management systems were generally robust and regular audits provided assurance of safe practice. However, practice around recording and evaluation of as required pain relief could be better. While the administration of as required pain medication and evaluation were documented, the timing of evaluations was not recorded. This made it difficult to determine effectiveness in a clinically meaningful timeframe. Additionally, there was limited guidance on alternative interventions where PRN medication was ineffective and could not be repeated. Strengthening protocols in this area would improve pain management and clinical oversight. **(See area for improvement 1)**

Residents participated in a wide and meaningful range of activities, tailored to their individual needs, preferences, and abilities. Activities such as karaoke, films, music and movement sessions were well received, and opportunities to go out into the community were also supported. These personalised approaches contributed positively to residents' wellbeing, sense of purpose, and quality of life.

There was also a high level of consultation with residents and their relatives. This inclusive approach supported care planning and decision-making, ensuring care delivery aligned with individual preferences and choices.

### Areas for improvement

1. To ensure that people continue to receive responsive care and support that meets their needs; the provider should ensure:

- a) the efficacy of administered analgesia, is assessed within a clearly defined timeframe
- b) the time of assessment is accurately recorded
- c) there are alternative pain relieving strategies available, agreed and documented in personal support plans, when pain medication is not effective and additional analgesia cannot be administered.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24)

## How good is our leadership?

## 5 - Very Good

We found significant strengths in aspects of the care provided at Applecross and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Feedback from residents, relatives, and professionals was very positive about the home's leadership and management team. Relatives told us they had confidence in how the home was run and felt reassured that any concerns raised would be dealt with promptly and effectively by managers or staff.

There are strong quality assurance processes in place, and staff at all levels are actively engaged in identifying issues and driving service improvement. For example, one visiting professional remarked, "you never see a scrap of paper or any rubbish lying on the floor. If something is dropped, someone will pick it up, they don't just walk past it." More than anything, this reflects a culture in which staff are genuinely invested in the service and take pride in maintaining high standards.

Regular auditing across all areas of the home ensures that any aspects requiring improvement are promptly identified and addressed. Findings from these audits informed the service improvement plan, which includes initiatives such as enhancing consistency in medication management, wound care, and communication with families and legal representatives. Senior staff and team leaders are actively involved in quality assurance activities and take the lead in driving continuous improvement within their respective areas.

Adverse events were well documented and thoroughly analysed by the management team, with risk assessments updated where necessary to reduce the likelihood of recurrence. This approach provided effective oversight of significant incidents and supported the development of safer environments and working practices.

Feedback from relatives indicated that they felt confident in raising concerns and sharing their views, knowing these would be welcomed and acted upon. Complaints were managed effectively, with open and honest apologies offered where appropriate, demonstrating a transparent and responsive culture.

Overall, the service at Applecross provides a safe, caring, and responsive environment where residents' needs, preferences, and wellbeing are prioritised. Robust quality assurance systems are in place to monitor performance, identify areas for development, and drive continuous improvement. Leadership is inclusive and supportive, empowering staff at all levels to contribute to decision-making and service development; and fostering a positive culture focused on delivering high-quality care and continuous improvement.

**How well is our care and support planned?****5 - Very Good**

We found significant strengths in the care provided at Applecross and how these supported positive outcomes for people. Therefore, we evaluated this key question as very good.

People's health and wellbeing were promoted through holistic care planning, with daily updates reflecting changes in needs and outcomes. Key information was clearly communicated during each staff handover, supporting continuity of care and ensuring all staff remained up to date. This enabled staff to provide safe, consistent, and person-centred support.

Personal support plans (care plans) were completed to a very high standard. They were detailed, person-centred, and reviewed monthly. Changes were clearly recorded, and care plans were promptly updated as needs evolved. This meant people received care and support that was responsive to their individual needs, preferences, and changing circumstances, helping to ensure their wellbeing and safety were consistently maintained.

Relatives confirmed that where appropriate, they were involved in developing their loved one's care plans and were invited to participate in regular reviews.

## What the service has done to meet any areas for improvement we made at or since the last inspection

### Areas for improvement

#### Previous area for improvement 1

To ensure good communication between staff and families at all times there should, where appropriate, be a written agreement between individuals and their family and/or representatives to clarify and specify when and how contacts should be informed of any incidents to changes to anyone's health and wellbeing.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices"(HSCS 1.15).

**This area for improvement was made on 13 May 2025.**

#### Action taken since then

The service have developed a number of initiatives to improve communication with families. Communication support plans have been updated to include when and in what circumstances families should be contacted and informed of a change in the person's health or wellbeing.

A communication satisfaction survey went out to all families, to gather feedback and ideas for making communication with them more relevant to their particular needs and circumstances. Additionally, a communications framework has been developed clarifying triggers which would prompt communication with next of kin, and those with Power of Attorney (POA) or guardianship orders in place.

**This area for improvement is Met.**

#### Previous area for improvement 2

To promote good outcomes for people, the provider should ensure best practice guidance informs changes to the environment that supports people living with a cognitive, physical or visual impairment to be as independent as possible.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I can independently access the parts of the premises I use and the environment has been designed to promote this.' (HSCS 5.11); and 'The premises have been adapted, equipped and furnished to meet my needs and wishes.'(HSCS 5.18).

**This area for improvement was made on 2 June 2025.**

### Action taken since then

Since the last inspection, the service has updated risk assessments. As a result, people are generally able to move freely around the home and can access shared spaces without unnecessary restriction. In addition, locks have been removed from lift doors, enabling people to move independently between floors and supporting greater freedom of movement within the home.

**This area for improvement is Met.**

### Previous area for improvement 3

The service provider should ensure communication with families, relatives, and legal guardians is carried out in accordance with individuals' care plans. In addition, during any outbreak within the service, clear and timely information should be provided to support transparency and address any concerns.

This is to ensure care and support is consistent with Health and Social Care Standard 4.18: I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected.

**This area for improvement was made on 7 April 2026.**

### Action taken since then

The service had updated care plans to include guidance on communication with people who use the service and their families, including consideration of individuals' capacity and their right to privacy. This helped to ensure that people who have capacity are supported to make informed choices about how and when their personal information is shared.

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

## Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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